

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Dale A. Guilfoil</u>		COURT CASE NUMBER <u>civ. No. 06-493 - GMS</u>
DEFENDANT <u>CARL Donberg (ETAL)</u>		TYPE OF PROCESS <u>Order / Complaint</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>CARL Donberg Attorney General of Delaware</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>820 N. French Street, Wilm. DE 19801</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> <u>Dale A. Guilfoil</u> <u>c/o Donna Wallace</u> <u>300 N. Broad St</u> <u>Lakewood Apt. A-2-D</u> <u>Middletown DE 19709</u>		Number of process to be served with this Form - 285 <u>1</u>
		Number of parties to be served in this case <u>4</u>
		Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldPauper Case

Signature of Attorney or other Originator requesting service on behalf of:

Dale A. Guilfoil
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

11-26-06**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <u>BF</u>	Date <u>12-2-06</u>
---	---------------	---------------------------------	--------------------------------	---	------------------------

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

KEITH BRADY, STATE SOLICITOR

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <u>12-14-06</u>	Time <u>0935</u> <u>am</u>
------------------------------------	-------------------------------

Signature of U.S. Marshal or Deputy

Service Fee <u>4500</u>	Total Mileage Charges (including endeavors) <u>—</u>	Forwarding Fee <u>—</u>	Total Charges <u>4500</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
----------------------------	---	----------------------------	------------------------------	------------------	--------------------------------	------------------

REMARKS:

RECEIVED
2006 DEC -8 P 12:15